



APPLICATION FOR PERMIT  
FOR ON-SITE WASTEWATER DISPOSAL SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

**IMPORTANT**  
DO NOT DESTROY  
KEEP WITH HOUSE  
DOCUMENTS

PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ TAG # \_\_\_\_\_ STATUS \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_ INSTALL DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_  
Last First Middle PHONE (\_\_\_\_) \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SITE LOCATION # \_\_\_\_\_ NAME \_\_\_\_\_

PROPERTY: LAT: \_\_\_\_\_ LON: \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

Sec. \_\_\_\_\_ Twn. \_\_\_\_\_ Rg. \_\_\_\_\_

Dimensions \_\_\_\_\_ Proposed Use \_\_\_\_\_

Percolation Avg. \_\_\_\_\_ Type Effluent Reduction \_\_\_\_\_

TYPE SYSTEM \_\_\_\_\_ SPECS. \_\_\_\_\_

WATER SUPPLY \_\_\_\_\_ Blower Serial # \_\_\_\_\_

DISCHARGE LOCATION \_\_\_\_\_

INSTALLER # \_\_\_\_\_ NAME \_\_\_\_\_

MAINTENANCE PROVIDER # \_\_\_\_\_ NAME \_\_\_\_\_

SANITARIAN REG. # \_\_\_\_\_ NAME \_\_\_\_\_

**AFFIDAVIT:** I hereby affirm that the above information is true and correct to the best of my knowledge, and understand that failure to have the above system installed and maintained in accordance with the provisions of the Louisiana State Sanitary Code will be grounds for revocation of this permit.

**OPH and DHH do not assume any liability or responsibility for electrical components of this system.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**VERIFICATION OF INSTALLATION:**

A. SEPTIC SYSTEM \_\_\_\_\_ DATE \_\_\_\_\_

B. MECHANICAL SYSTEM \_\_\_\_\_ DATE \_\_\_\_\_

Checklist provided by Installer? **Y** [ ] **N** [ ]

Based on its design, this system is expected to produce effluent meeting the secondary treatment standards as defined in the Louisiana State Sanitary Code.

FINAL VERIFICATION \_\_\_\_\_ DATE \_\_\_\_\_

Sanitarian

NOT VERIFIED \_\_\_\_\_ DATE \_\_\_\_\_

Sanitarian